

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		10	2/16
FORMALITY REVIEW	KQ	3051705	64-03-01
RESPONSE FORMALITY REVIEW	me	1030	7-10-01
	CC	301114	10-10-01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final	
Original	5/28/01
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
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Best Available Copy

381-3083
 10/10/01